

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 15      | 5 3 01   |
| FORMALITY REVIEW          | BZ       | 353-883 | 05-18-01 |
| RESPONSE FORMALITY REVIEW |          |         |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy